**Incident report**

|  |  |  |  |
| --- | --- | --- | --- |
| Project name |  | Date |  |
| Engineer in charge |  | Day |  |
| Safety officer |  | Rep. # |  |

**Incident information:**

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| --- |
| The incident |
| Reported by |  | Department |  |
| Date of occurrence |  | Time |  |
| Accident | incident | Near miss | Violence | Ill health | safety |
| 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Incident description: |
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|  |
| Incident outcome |
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|  |
| Corrective measure |
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**Remarks by safety officer:**

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**Remarks by Project engineer:**

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| Project Manager | Project Engineer | HS Engineer | Safety officer | Employee |
|  |  |  |  | Name: |
|  |  |  |  | Date: |
|  |  |  |  | Signature: |